		EXPENSE CLAIM 3) (DHS Electronic)			See Ir. State	structio ement O	ns and n Rever	*Privacy se Side	,		Pa	ge	1	of		
STD 262 (REV 6/93) (DHS Electronic) CLAIMANT'S NAME						SSAN OR	SSAN OR EMPLOYEE NUMBER*					DEPARTMENT				
John C. Duncan POSITION CB/III					UMBER	DIVISION OR BUREAU					Indu	Istrial Relations				
400-102-9472-001							Director's Office									
RESIDENCE ADDRESS							HEADQUARTERS ADDRESS 455 Golden Gate Avenue, 10th F						TELEPHONE NUMBER			
CITY			STATE	ZIP (ODE	CITY			AVCI	iuc,	10111	1.	STATE		CODE	
CTA MICE	THIYEAR		CA	(5)	MEALS	San	Francis			TPAN	SPORTAT	II IN	CA		102	
6	2010		(4) LODGING	(0)		O.T., L/T, N/C, RELO. OR DINNER	(6) INCIDEN- TALS	(7) (A) COST OF TRANS	(B) TYPE USED	(C) CARFARE			(D)	(8)	(9)	
(2) DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED								T	RFARE OLLS RKING		TE CAR USE	BUSINESS EXPENSE		
1		Tiburon to Sacramento; return							PC	P T	20.00 4.00	184	92.00		116.00	
8	0900	San Francisco to Oakland, return							PC	P	14.00	24			30.00	
15	0700	Tiburon to Sacramento;		,		_			PC	Р	20.00		12.00		30.00	
		return							- PO	Т	4.00	184	92.00		116.00	
16		Tiburon to Sacramento;							PC	P T	20.00 4.00	184	92.00		116.00	
22		Tiburon to Sacramento;						_	PC	P	20.00	101	02.00		110.00	
	-	return								Т	4.00	184	92.00		116.00	
23		San Francisco to Sacramento to Tiburon						-	PC	P	5.00 4.00	176	88.00		97.00	
24		San Francisco to Oakland							PC	P	14.00	170	00.00		97.00	
		to Tiburon								T	4.00	40	20.00		38.00	
30	1900	Tiburon to Sacramento;							PC	P	12.00 4.00	184	92.00		108.00	
						ļ										
															1	
(10)			<u> </u>				1									
		OTALS ODE (ACCTG USE ONLY)			-					,	157.00	1160	580.00		737.00	
						<u> </u>	l	_				1460			27 OO	
CLAIM TOTAL (11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)										-	1160	1160 \$737.00 2) NORMAL WORK HOURS				
<u>6/1</u>	: Meeti	ngs in Sacramento; work	ed from	Sacram	ento D	IR offic	e	·/ .				(12) 140	DI (IVI)ALE VVOI	THE THE		
$\frac{-6/8}{6/1}$: Atten	ded meeting in Oakland Meetings in Sacramento;	worked f	rom Sa	oromon	to DID	Office	· · ·				(13) DE	N/ATE VEH	ICLE LICEN	SE NUMBER	
6/2	2: Parti	icipated in State Comp. In	nsurance	Board	intervi	ews; wo	rked fr	om Sac	rame	nto I	OIR off			,522 21021N	OE HOWDER	
$\frac{-6/2}{6/2}$	3: Mee	tings in Sacramento; wor	ked fron	Sacrai	nento I	OIR Off	ice	NC.				(14) M!	I FAGE BAT	E CLAIMED		
6/30: Participated in the Advisory Forum on Workers Comp Assess- FY			INDEX	CALSTARS CODING INDEX OBJ AG PCA #REF! PROJ-W				OJ-WP	(14) MILEAGE RATE CLAIMED \$0.500							
me	nt; wor	ked from Sacramento DI	H					-				ACE	VOV ACC	CHATAN	e//e/e/e/e/e	
office					<u> </u>							AGENCY ACCOUNTING OFFICE				
(15) I HEREBY CERTIFY That the above statement is a tru					ont of 41-	the travel expenses incurred by me in sec-					dones	PAID BY REVOLVING FUND CHECK NO.				
(15) W	ith DPA ri inimum r	y CERTIFY That the above state of ules in the service of the State of ate, I certify that the cost of operates as prescribed by SAM Section	California.	ue staten If a priva hicle was	tely owne equal to	ed vehicle or greater	was used than the	i, and if m	ileage ed an	accor rates t that	uance exceed I have					
re CLAIN	quiremer	ats, I colding that the cost of opera ts as prescribed by SAM Section IGNATURE	าร 0750. 07	51, 0752, D	0753, an	(16) SIGI	rtaining to	o vehicle s	APPRO	and se	TRAVEL	&PAYMI	ENT	D	ATE	
				<u> </u>	***	(-) = . 0								1		
(17) \$	PECIAL	EXPENSE ALITHOPIZATION -	SIGNATUR	AND TI	TI E (800	itom 17 ir	inatruoti	one)							ΔTE	

STATE OF CALIFORNIA